Psychiatry and Tuberculosis

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SUMMARY

Studies on the psychosomatic aspects of tuberculosis have not brought to light a clear-cut correlation between a specific personality structure and susceptibility to the illness. The recommendation is made to look for several rather than for one personality type. It is suggested that people should be studied who react to stress with loss of appetite and loss of sleep. This character structure in contrast to that where the person withdraws into sleep and overeats might make a person prone to tuberculosis.

The somatopsychic influence of tuberculosis needs to be interpreted in terms of the localization of the lesion as well as infectiousness and conspicuousness of the disease.

Some common sociopsychological factors of tuberculosis have been mentioned. Reports on mental illness and tuberculosis and on diet were reviewed.

IN one of the first studies of the psychosomatic aspects of tuberculosis, Anita Muhl outlined the personality structures of tuberculous women which, she said, are common to all. She said, "Tubercular have a two-fold mixed personality which shows strongly marked introverted qualities suggestive of a precoxlike pattern on the one hand and extroverted tendencies with a manic-depressive-like swing of greater or lesser intensity on the other."

It is hard to consider this description a very specific one, since the extent of the mixture could make a person predominantly extroverted or introverted, predominantly happy or predominantly unhappy. Too great a variety of people could fit this description.

Muhl stated, further, that "the common features are inertia, fatigability, oscillating mood, perseveration, irritability, converted sex trends in the form of masochism and sadism, suggestibility, hypersensitiveness, regressive and suicidal trends, depression and abnormal respiratory behavior." She added that "wherever there is a combination of suggestibility, with both masochism and sadism well marked, there is also found evidence of dissociative trends with strong bisexual features."

Assuming that all these personality traits were really found in most tuberculous patients, would it not be logical to ask how many of these traits are likely to be the results of tuberculosis rather than its predisposing cause?

In the Army study by Friedman, Kastlin and Kooperstin, the following personality description is set forth: "These patients showed independence and efficiency which made them normally or better than normally adjusted in their economic, sexual and social spheres. They showed some resentment toward authority. They showed obsessive and compulsive characteristics and were optimistic individuals."

Try to consider that description from the point of view of a physician sitting on an Army draft board. Could he justify the rejection of people so described on the basis that they are likely candidates for tuberculosis? Again it would seem that this description is too general and would not be specific for people who have a predisposition to tuberculosis.

Frequently investigators describe cases in which a severe emotional stress, accompanied by sleeplessness and loss of appetite, may have decreased a person's resistance to the point where it was so low that he was easy prey to tuberculous infection. There are many interesting cases described in which patients did not recover until something happened which gave them a new incentive to recover. For instance, in one case the mother-in-law died. Soon afterward, the patient made a miraculous recovery. And cases are described in which lack of incentive caused a rapid, downhill course in spite of minimal lesion and excellent physical care and treatment.

It is impossible to work in a tuberculosis sanatorium without being impressed with the number of cases in which an emotional conflict seems to retard recovery or in which a patient who has previously done well has relapse on the basis of some major change in his life situation.

Neither in the articles already cited nor in others in the literature does there emerge a clear-cut personality structure which would point to a precise predisposition for tuberculosis and give definite indication for psychotherapy to prevent this disease. The author believes that the reason for the lack of such a clear-cut personality structure is an attempt to find just one personality configuration rather than several. In studies on accident-proneness, Flanders Dunbar found at first no clear-cut structure, but later discovered that there were several types of people who are accident-prone. Further studies of the psychosomatic aspects of tuberculosis are needed which start with this idea: There might be more than one character structure which creates susceptibility to tuberculosis. Take famous

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persons who had tuberculosis, men such as Keats, Stevenson, Goethe, Mozart, Voltaire, Kant, and Adolf Hitler; juxtapose a cross-section of the patients in the average sanatorium and attempt to find a common personality structure. The confusion will be that which is manifest in the present literature.

But certain aspects of personality might have some relationship to susceptibility for disease. There are those who react to stress by not eating, by not sleeping, by overactivity; others react by overeating, fatigue, a tendency to sleep all the time, and by inactivity, sometimes culminating in the complete immobility of catatonia.

Respiratory reaction to stress and the relationship of it to the disease might be another subject for investigation.

SOMATOPSYCHIC ASPECTS OF TUBERCULOSIS

In the entire literature the author has not found one article which to his mind does justice to this problem. One of the main reasons for this shortcoming seems to be an attempt to lump all somatopsychic influences together regardless of the part of the body which is affected. In the author's own experience, the following emotional impacts of tuberculosis were observed:

1. Infectiousness: Emotional disturbances were observed in people from whom the disease had been transmitted to members of the family. In some cases the disease had actually caused the death of a wife or child. When the relationship with these relatives was poor, guilt feelings and symptoms resulted. The symptoms observed were anxiety states, as well as obsessive and compulsive rituals. One patient in such circumstances said, "I have a breath which kills." He was on the borderline of psychosis.

2. Patients who have hemorrhages or laryngeal tuberculosis with frequent attacks of glottic edema also tend to have a great deal of anxiety.

3. Patients who had anoxemia as a result of destruction of large portions of lung tissue sometimes developed schizophrenic-like symptoms. The author observed two patients who thought they were being poisoned by fumes and had other persecutory delusions.

4. Patients with a cough but without infection, especially with bronchiectasis, sometimes showed a tendency to withdraw from social contact for fear that other people would be afraid of them.

5. Persons with crippling bone or joint involvement reacted in a manner quite similar to that of the cerebral palsied or otherwise disabled person.

6. In many cases the reaction to thoracoplasty was just like the reaction to hysterectomy or mastectomy in others. Some patients with conflicts about sexuality had pronounced castration fear, and psychotic manifestations sometimes developed.

7. Two patients with tuberculoma of the brain had quite dissimilar reactions.

The foregoing are impressions gained from clinical experience. They are not based on statistical studies but they should be considered in any thorough study of the somatopsychic aspects of tuberculosis.

SOCIOPSYCHOLOGICAL ASPECTS

The patient's reaction to the disease is determined not only by his previous personality and by the type of lesion but also by the reaction to the disease of the people who are close to the patient. This, in turn, may be an important influence on the course of the illness. While working at the Los Angeles Sanatorium in Duarte, as well as in the Los Angeles City Health Department, the author was constantly impressed with the honesty of the husbands and wives of institutionalized patients. There were many extramarital affairs, but again and again the healthy spouse would come to the sanatorium and tell the patient about indiscretions. This candor may be attributed to an unconscious fear of the illness and looked upon as a defense mechanism. Fear of the disease by the relatives of tuberculous patients may therefore become an important sociopsychological influence. In some cases patients who had had negative cultures for a year or more were still denied close contact with a wife or child. Some of the patients thus shunned reacted with anxiety or withdrawal, or with overcompensation by reckless disobedience of all precautions, resulting in a flare-up of the illness. It is the author's belief that the underlying personality structure determines how a patient reacts to such a stress.

In another study of the psychosomatic aspects of tuberculosis it was found that the number of marital difficulties experienced by tuberculous persons just prior to hospitalization was higher than the number in a healthy control group. This was interpreted to mean that emotional difficulties such as the stress of marital tensions may precipitate tuberculosis. But another possible interpretation is that people who have tuberculosis without knowing it, but who feel tired and irritable, have a tendency to blame themselves or the closest persons to them for their unhappiness. Thus the marital difficulties may be the result rather than the cause of the illness. In turn, such troubles may aggravate the illness.

EUPHORIA IN TUBERCULOSIS

There has been a recurring statement in the literature that tuberculous patients are euphoric or that they react with a paradoxical cheerfulness and optimism to the serious illness. The author has observed release of tension in many patients immediately after diagnosis. This was noted in persons who had felt the load of the world on their shoulders, who had been so irritable that they had lost faith in themselves and others and for whom the diagnosis, which gave them an understanding of themselves, restored self-confidence and established faith in the physician who could understand and should therefore be able to cure. In later stages of the disease, euphoria is often simulated because a chronically ill person learns that he will be very much alone unless he can appear cheerful. In a very few cases true euphoria seems to be present.

MENTAL ILLNESS AND TUBERCULOSIS

There have been times when the high incidence of tuberculosis in mental illness was interpreted to mean that perhaps tuberculosis may cause mental illness, or that mental illness forms a strong predisposition to tuberculosis. In a study in New York, however, it was observed that in a certain county all the patients with newly diagnosed tuberculosis were physicians, nurses, and attendants who worked in the state mental hospital. This study seemed to indicate that in certain state hospitals there are poor hygienic conditions which facilitate the spread of tuberculosis to the personnel as well as to the patients. Since then it has been shown that in certain states such as Florida and New Mexico, where there are mental hospitals run on the open-air principle, the incidence of tuberculosis is no higher than in the average population.

In a very few cases, tuberculosis involving the brain or causing severe anoxemia of the brain may cause mental illness. Also in an individual predisposed toward mental illness, tuberculosis may be the stress which elicits it. As an example, a young woman in the sanatorium at Duarte became tuberculous shortly after her marriage. Her husband sued for annulment on the ground of fraud. The patient became schizophrenic, and before she was transferred to Patton State Hospital, she said that she had done a terrible thing, that her husband was right: She had actually married him in fraud; although she had not known she had tuberculosis, she had had a plastic operation on her nose which she had kept secret.

Close pointed out that there is no conclusive evidence that electric shock treatment reactivate tuberculosis. Furthermore, Close described a series of patients with active tuberculosis who had rapid, downhill course because mental illness interfered with treatment. All of these patients were helped through shock treatment.

DIET

The influence of emotions on diet and in turn the influence of diet on resistance has been pointed out in one article in which it was reported that fat and green vegetables were lacking in the diet of most persons who contracted tuberculosis. Attempt was made in the article to correlate the dietary deficiency with a specific personality structure.

EXPERIMENTAL WORK

Since neurosis can be produced experimentally in animals, the author looked for, but was unable to find, record of studies on the influence of experimental neurosis on resistance to tuberculosis as well as on the course of the illness.

(A complete bibliography is available from the author.)

Legislation Relating to Tuberculosis Control (Public Schools)

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THE Education Code (1949) of the State of California authorizes county boards of education to require candidates for positions to show evidence of freedom from active tuberculosis. The code reads in part as follows:

"*13031.1 Employment of Certificated Persons.*

"If required by an order of the County Board of Education, he shall also have on file with the county superintendent of schools a certificate from a physician and surgeon licensed under Chapter V of Division 2 of the Business and Professions Code showing that he has submitted to a physical examination within three years last past, including an x-ray of the lungs, and been found free from active tuberculosis."

(Added by Stats. 1947, Ch. 795; amended by Stats. 1949, Ch. 1162.)

"13031.2. In lieu of the certificate from a physician and surgeon required under Section 13031.1, any person who adheres to the faith or teachings of any well recognized religious sect, denomination, or organization, and in accordance with its creed, tenets, or principles, depends for healing upon prayer in the practice of religion, may file with the county superintendent of schools an affidavit stating such adherence and dependence and that to the best of his knowledge and belief he is free from active tuberculosis, and said affidavit shall be deemed equivalent of such certificate; provided, that if at any time there should be probable cause to believe that such affiant is afflicted with active tuberculosis, he may be excluded from service until the governing board of the employing district is satisfied that he is not so afflicted."

(Added by Stats. 1949, Ch. 1162.)

"*Employees of School Districts Other than Persons Requiring Certification Qualifications.*

"14002.1. No person shall be employed by a school district in a position not requiring certification qualifications which requires him to be in frequent or prolonged contact with pupils until, if

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